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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known							
FEE TRANSMITTAL				Application Number 10/537,750								
LEC I	-		IAL	Filing Date June 6, 2005								
	for FY 20	010		First Named Inventor Terry W. Lockridge, et al.		al.						
				Examiner N	lame	Minh Trang T.	Nguyen	ı				
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		2477						
TOTAL AMOUNT O	OF PAYMENT	(\$) 180	0.00	Attorney Do	ocket No.	PU020488						
METHOD OF PAYMENT	(check all that appl	v)										
METHOD OF PAYMENT (check all that apply) Check Credit card Money Order Customer Number 24498 Deposit Account: Deposit Account Number o7-0832 Deposit Account Name: THOMSON LICENSING LLC												
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card												
information and autho	rization on PTO-2											
FEE CALCULATION												
1. BASIC FILING, SE	I. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARC Small Entity			CH FEES Small Entity		EXAMINATION FEES Small E I						
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (Fee (\$)			Fees Paid (\$)			
Utility	300	150	500	250		200		00				
Design	200	100	100	50		130	(– 65				
Plant	200	100	300	150		160	1	80				
Reissue	300	150	500	250		600	3	300				
Provisional	200	100	0	0		0		0 _				
2. EXCESS CLAIM F	EES						9	Small Entity	ı			
Fee Description						<u>Fee</u>	<u>.</u> (\$)		v. ee (\$)			
Each claim over 20 (incl	uding Reissues)					50		25	;			
Each independent claim	, -	Reissues)				200		100				
Multiple dependent clain		a Claima	Eag (\$)	Coo Doid ((¢)	360 180 Multiple Dependent Claims						
Total Claims - 20	or HP =	a Claims	Fee (\$) x 52 =	<u>Fee Paid (</u> = 52	<u>3)</u>		: (\$)		ee Paid (\$)			
HP = highest number of		for, if greater t				<u> </u>	- 147		, o i uiu (
Independent Claims		a Claims	Fee (\$)	Fee Paid (<u>(\$)</u>				-			
- 3 HP = highest number of	or HP = independent clain	ns paid for, if	greater than 3.	=								
3. APPLICATION SIZ	ZE FEE											
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).												
Total Sheets	Extra Shee	ets <u>N</u>	Number of each a	additional 5	0 or fraction	on thereof	Fee (<u>(\$)</u>	Fee Paid (\$)			
- 100 =		/ 50 =	(roui	nd up to a w	vhole numb	er) x			=			
4. OTHER FEE(S) IDS Submission									Fees Paid (\$) 180.00			
Total Fees									180.00			
SUBMITTED BY												
Name (Print/Type)	Michael A. Pugel		Registration No. (Attorney/Agent)		57,368	Telephon	e	317-587-4027				
Signature	Michael	2 Pugal			*	Date	-+	October 7, 201	0			

SUBMITTED BY									
Name (Print/Type)	Michael A. Pugel	Registration No. (Attorney/Agent)	57,368	Telephone	317-587-4027				
Signature	/Michael A. Pugel	/	Date	October 7, 2010					

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